

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 3

2. STATE:

Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(1) SSA

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A Supplement 14 Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Income and Resource Requirements for Tuberculosis Infected Individuals

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *OK*☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Peggy L. Bartels

13. TYPED NAME:

Peggy L. Bartels

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Peggy L. Bartels

Administrator

Division of Health Care Financing

P.O. Box 309

Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/30/01

18. DATE APPROVED:

*5/19/01***PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

**INCOME AND RESOURCES REQUIREMENTS FOR TUBERCULOSIS (TB)
INFECTED INDIVIDUALS**

For TB-infected individuals under §1902(a)(1) of the Act, the income and resources eligibility levels are as follows:

- Assets: The **\$2000 SSI-related MA resource limit** will be applied to the TB-related individual. Individual asset amounts will be determined based on the SSI-related MA policies.
- Income: The TB-related income limit is \$1,145, the SSI break-even point. The SSI break-even point is the maximum earned and unearned gross countable income amount an individual can have and still receive SSI benefits. The formula used to determine this is the Federal Benefit Rate (FBR) multiplied by 2, plus \$85. The FBR for 2001 is \$530; therefore, the break-even point is $\$530 \times 2 + \$85 = \$1145$. This standard should be compared to the individual's actual gross income.